EMPLOYMENT OPPORTUNITY



20 East Sixth Street · Tempe, Arizona 85281 · 480/350-8276 · TDD 480/350-8400 http://www.tempe.gov Committed to Equal Opportunity and Reasonable Accommodation

IRRIGATOR

(Water Utilities Department - Operations)

There are currently no vacancies; however, this recruitment will be used to establish an external list of qualified candidates. The Water Department will use this list after internal lists are exhausted; or, in accordance with City of Tempe Rule 3, Section 304, D, to supplement an already existing internal list with four (4) or fewer names.

OPENING DATE: April 10, 2006

CLOSING DATE: Open until the needs of the City are met. First review of applications will be

Friday, April 21, 2006; position may close at that time.

ANNUAL SALARY RANGE

\$26,910 - \$36,319

This position is FLSA Non-Exempt - eligible for overtime compensation and/or compensatory time.

MINIMUM QUALIFICATIONS

Equivalent to one year of responsible manual labor experience. Experience with irrigation or sprinkler systems preferred. Formal or informal education or training which ensures the ability to read and write at a level necessary for successful job performance.

ADDITIONAL REQUIREMENTS

A recent copy of your 3-year driving record will be required at the time of interview. If requesting veteran's preference, the appropriate DD214 must be attached at the time of application. The position requires the individual to work a rotating/variable shift.

REPRESENTATIVE DUTIES

For the complete job description go to: http://www.tempe.gov/hrcc/docs/

- Irrigate yards and parks; operate head gates in irrigation standpipes and irrigation valves to allow the flow of irrigation water into lateral mains; open and close irrigation valves on individual parcels of property, monitor the flow of water.
- Install standpipes; maintain, install and repair irrigation and lateral lines used in the deliver of irrigation water.
- Maintain and repair wheel and slide gates, alfalfa valves and pipelines.
- Perform preventative maintenance in confined space on wheel and slide gates and valves using a variety of power and hand tools.
- Weld joints and fabricate necessary parts.
- Locate, troubleshoot and repair valves and pipes using metal detectors, tracers, locators and line identifiers.
- Clean underground irrigation lines; locate and remove blockages in lines to facilitate flow of irrigation water.
- Maintain City vehicle and equipment; including a pickup truck, jackhammer and water pump.
- Interact on a regular and consistent basis with citizens. Tactfully respond to citizen
 inquires and complaints; assist customers with proper design of yard to avoid water
 wasting problems.
- Operate a computer in the field.

SELECTION CRITERIA

An official City of Tempe application must be filled out in order to qualify for this position. Applicants whose experience and training most closely suit the needs of the City may be selected for further testing/interviews. The City of Tempe conducts thorough background checks. Falsifying information or lying during any stage of the selection/hiring process will make you ineligible for new or continued City employment.

RECRUITMENT CODE: 2024 BRG/pmm

City of Tempe / Human Resources / 20 East Sixth Street / Tempe AZ 85281 / (480) 350-8276 / TDD (480) 350-8400 / http://www.tempe.gov

The City of Tempe is an Equal Opportunity / Reasonable Accommodation Employer.

The City of Tempe Promotes a Drug and Alcohol Free Workplace.

DIRECTIONS:

Read the recruitment bulletin before completing this application - request a copy if not provided. Answer all questions completely including any supplemental forms. Type or print neatly in black ink. Sign this application and all other forms. Any omission, misstatement, or falsification may be cause for rejection of this application, removal of your name from an eligibility list, or discharge from City Service.

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1.	Position Applying For: Recruitment Code (RC#):
2.	Name (Last, First, Middle Initial):
3.	Social Security Number:
4.	Mailing Address: Street Address City State Zip
5.	Phone Number: HOME: WORK:
6.	Driver's License (Number, State, Class):
7.	Are you a U.S. Citizen or a non-U.S. Citizen authorized to work in the United States? Yes No
8.	Have you ever worked for the City of Tempe? Yes No If Yes, from (Mo/Yr) to (Mo/Yr
	If you are a current City of Tempe employee, are you: Temporary? Regular?
	Have you completed your initial six (6) month probationary period? Yes No
9.	To assist us with verifying previous work experience and /or education, please list other names you have gone by:
10.	Type of position you will accept: Full Time Part Time Regular Temporary
11.	Are you claiming Civil Service Preference for Veteran's under ARS 38-492:
	 As a qualified or disabled veteran? Yes No If yes, you must submit Form DD214, or certification from the Veteran's Administration. As a spouse of an eligible veteran pursuant to ARS 38-492(D)? Yes No If yes, you must submit Form DD214, or certification from the Veteran's Administration.
12.	Are you related to any member of the Tempe City Council or any Tempe Commission/Board Member, or any City of Tempe employee? Yes No If Yes, indicate his/her Name, Position, and Relationship to you:
	DO NOT WRITE BELOW THIS LINE - TURN PAGE AND CONTINUE
	Q NQ A B C Application Entered HR Review Department Review Date

13. Do you have a High School Diploma or a G.E.D.? Yes No

14. Education from an Accredited College/University:

College:	Major:	Type of Degree:	Degree Completed:	Credit Hours:
			Yes No	

15. Trade and/or Technical Schools:

Trade/Technical School:	Subject Studied:	Type of Degree:	Degree Completed:	Credit Hours:
			Yes No	
			Yes No	

16a. Professional Registration(s), License(s), and/or Certification(s) you possess that relate to this position:

Type of Professional Registration, License, and/or Certification:	License Number (if applicable):	Date Received:	Expiration Date (if applicable):

_1	6b. Special training that relates to this position:	

17. List computer software program(s) with which you are proficient in operating that relate to this position:
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18	8. List equipment with which you are proficient in operating <i>that relate to this position</i> :	

19. Language Proficiency (Other than English):

Language:	Speak:	Read:	Write:
	Yes No	Yes No	Yes No
	Yes No	Yes No	Yes No
	Yes No	Yes No	Yes No

20. May we contact your current employer if you are considered for hire/promotion? Yes No

You may make copies and use as many of these sheets as necessary to continue your employment history.

Begin with your present or most recent position. List all jobs, paid or volunteer, for at least the past ten years. Your qualifications will be evaluated **solely** on the application form and, if applicable, any supplemental questionnaire(s).

RESUMES MAY **NOT** BE SUBSTITUTED FOR THE REQUESTED INFORMATION.

DO NOT WRITE "SEE RESUME" IN THE SPACES BELOW.

Employer:			Type of Business:			
Address:	Phone:					
Job Title:			Number of Employees Supervised:			
Supervisor (Name/Title/Phone):						
Employment Dates: from	(Mo/Yr) to	(Mo/Yr)	Total Time Employed:	Yrs	Mos	
Hours Per Week:			Present/Ending Wage: \$		Per	
Work Performed:						
Reason for Leaving:						
Employer:			Type of Business:			
Address:			Phone:			
Job Title:			Number of Employees Super	rvised:		
Supervisor (Name/Title/Phone):						
Employment Dates: from	(Mo/Yr) to	(Mo/Yr)	Total Time Employed:	Yrs	Mos	
Hours Per Week:			Ending Wage: \$	Per		
Work Performed:						
Reason for Leaving:						
Employer:			Type of Business:			
Address:			Phone:			
Job Title:			Number of Employees Super	rvised:		
Supervisor (Name/Title/Phone):						
Employment Dates: from	(Mo/Yr) to	(Mo/Yr)	Total Time Employed:	Yrs	Mos	
Hours Per Week:			Ending Wage: \$	Per		
Work Performed:						
Reason for Leaving:						

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Supervisor (Name/Title/Phone):					
Employment Dates: from	(Mo/Yr) to	(Mo/Yr)	Total Time Employed:	Yrs	Mos
Hours Per Week:			Present/Ending Wage: \$		Per
Work Performed:					
Reason for Leaving:					
Employer:			Type of Business:		
Address:			Phone:		
Job Title:			Number of Employees Supe	ervised:	
Supervisor (Name/Title/Phone):					
Employment Dates: from	(Mo/Yr) to	(Mo/Yr)	Total Time Employed:	Yrs	Mos
Hours Per Week:			Ending Wage: \$	Per	
Work Performed:					
Reason for Leaving:					
Employer:			Type of Business:		
Address:			Phone:		
Job Title:			Number of Employees Supe	ervised:	
Supervisor (Name/Title/Phone):					
Employment Dates: from	(Mo/Yr) to	(Mo/Yr)	Total Time Employed:	Yrs	Mos
Hours Per Week:			Ending Wage: \$	Per	
Work Performed:					
Reason for Leaving:					

Employer:			Type of Business:		
Address:			Phone:		
Job Title:			Number of Employees Su	pervised:	
Supervisor (Name/Title	/Phone):				
Employment Dates: fro	om (Mo/Yr) to	(Mo/Yr)	Total Time Employed:	Yrs	Mos
Hours Per Week:			Ending Wage: \$	Per	
Work Performed:					
Reason for Leaving:					
·	en requested or forced to re please explain:	esign from a pos	sition for misconduct or unsa	atisfactory ser	vice?
	een convicted of a <i>misdem</i> r given a suspended sentend			affic offenses)	, placed on
	nit-and-run, D.U.I., excessive speed iolations (including minor/civil offen			traffic offenses.	Moreover, an
Yes No If Yes,	provide charges, dates and	locations:			
	automatically bar an app job, as well as its severi	•			•
PLEASE	READ THIS STATEMENT AND C	AREFULLY REVIE	W YOUR ENTIRE APPLICATION	I MATERIAL .	
and complete. I under application, removal of any individual, compan me on this application	ents made on the application erstand that any omission, my name from an eligibility y, organization, or institution, and I do hereby release a ver incurred in furnishing successions.	misstatement, v list(s), and/or on to release any all parties and in	or falsification may be cadischarge from City Service and all information concern	nuse for rejecte. In addition, ning statemen	tion of this I authorize its made by
By checking the above p	g this box and typing your na paragraph.	ame below, you	certify that you have read a	and understan	ıd
Prin	t Applicant's Name:		Date		
Anr	dicant Signature		Date		



Voluntary Employment Data Record

Completing this form is optional. This information will be filed separately from your application and will not be used for recruitment purposes.

Position Ap	plied for:		RC#:	
Name:			Date:	
La	ast	First		
Gender:	Female	Male		
Disabled:	Yes	No		
Ethnic Grou	ıp:		Age Group:	
W	hite		16 and under	
Black			17 – 20	
His	spanic		21 – 29	
As	sian		30 – 39	
Ar	nerican Indian		40 +	
Ot	her			
Highest gra	de completed: _			
How did you	u hear about this	s position: _		